

INITIAL APPLICATION FOR RESPIRATORY CARE PROFESSIONAL LICENSURE - CHECKLIST

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. Do not submit two-sided copies of the application or documentation. **For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.**

- ☐ **APPLICATION PAGES 1 – 4 – Please complete.** Attach to Page 1 your check/money order for \$75 made payable to: Georgia Medical Board.
- ☐ **AFFIDAVIT OF APPLICANT – Page 5**
Read this form in its entirety and complete all areas. **A current passport photo is required to complete this form.** Do not submit photos from digital reproductions, magazine, yearbook, wedding, birthday, family outing, etc. Take this form to a notary public for witness of your signature. **The applicant's signature date and the notary signature date must match. No whiteouts or strikeouts are accepted.**
- ☐ **CV/RESUME**
The Georgia Composite State Board of Medical Examiners requires that applicants for licensure provide Curriculum Vitae. This document should be a chronological representation of all **education and employment, including your present position.** **Give a complete chronological accounting of any gaps in training or experience.**
- ☐ **EDUCATION VERIFICATION FORM - FORM A**
Forward this form directly to your Respiratory Therapy Program for completion and request that the form be mailed directly to the Medical Board.
- ☐ **REFERENCE FORM – FORM B**
In order for the Composite State Board of Medical Examiners to adequately evaluate the applicant to practice as a Respiratory Care Practitioner in the State of Georgia, a reference form is required. The reference form must be completed and signed by a **licensed physician** with whom the **applicant practices with at the time of application, or who is in charge of the Respiratory Program.** This form must be mailed **directly from the physician to the Medical Board.**
- ☐ **LICENSURE VERIFICATION FORM – FORM C**
This form should be sent to each state where you hold or have held a license/certificate to practice Respiratory Care. **Copy this form and send it to each medical state licensing board and request that state verification be sent directly to the Georgia Board.**
- ☐ **NBRC CREDENTIALS VERIFICATION FORM – FORM D**
Complete this form and send directly to the National Board for Respiratory Care. Request that this form be sent directly to the Medical Board.
- ☐ **NATIONAL PRACTITIONER DATA BANK (NPDB)/HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)**
These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise you that you must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. Simply query the data bank using the Internet address at www.npdb-hipdb.com, then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope – send the envelope, unopened, directly to the Board along with your application packet.** **Altered envelopes which contain official, original, certified official documents will not be accepted.**

You do not have to submit this NPDB-HIPDB report if:
 - **You are presently unlicensed in any state;**
 - **You have only held a temporary, limited or training license.**
- ☐ **MILITARY DISCHARGE FORM.**
If you served in the Armed Forces and received a discharge (honorable or dishonorable), provide the Medical Board with a copy of the discharge form.